Accreditation

NHSHP has been approved by the NH Board of Pharmacy to issue 3 hours of Continuing Education Credit to all participants of this program.

Program No: 200-06-L050

College of Health Sciences School of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. Statements of Credit will be mailed to participants within 4-6 weeks, upon successful completion of the verification of continuing education signature sheet and program evaluation form. No partial credit. ACPE # 027-999-05-040-L01 (1 contact hour – 0.1ceu) Initial Release Date: June 22, 2005

The University of Utah College of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. Through attending this program, up to 1.0 contact hours (0.1 CEUs) will be awarded and a statement of credit provided to you upon completion of an attendance verification form. The statement of credit will be mailed to participants within 60 days of the program. ACPE # 068-999-05-039-L01

Directions

The Grappone Conference Center is located directly off of exit 15W on I-93. Turn right onto Commercial Street, then right onto Constitution Ave.

New Hampshire Society of Health-System Pharmacists c/o Jane Rippe, RPh 54 Hawley Drive

Enfield, NH 03748



24TH ANNUAL AUTUMN CONTINUING EDUCATION SEMINAR

- Outcomes of antibiotic Resistant S. pneumoniae
- Antifungal formulary 2006: Consensus and Controversy
- Inhaled Insulin: an Innovation in the Management of Diabetes
- My Medication Safety
 Toybox: Building Blocks
 for the Basics
- Pediatric ImmunizationSchedule: 2006 Update

Presented by the New Hampshire Society of Health-System Pharmacists

Monday, October 9, 2005 Grappone Conference Center

70 Constitution Avenue Concord, NH 03301

PROGRAM OBJECTIVES

At the end of the program, the audience should be able to:

- Describe the impact of bacterial resistance on clinical & economic outcomes of patients with respiratory tract infections
- Compare and contrast the role of newer azoles and echinocandins antifungal agents versus established antifungal therapies in the treatment of invasive fungal pathogens
- Estimate the current level of glycemic control among diabetic patients and understand the role of inhaled insulin in the management of diabetes
- Identify 3 strategies to promote safety and reduce error
- Review the recent evolution of the pediatric immunization schedule as set forth by the CDC's Advisory Committee on Immunization Practices

AGENDA

7:30 - 8:00a Registration

Continental Breakfast

8:00 - 8:15a Welcome

Dave LaCoste, Pharm.D. Master of Ceremonies

MORNING SESSION

Salon BC

8.15 - 9.15a Outcomes of

Antibiotic-Resistant

Streptococcus pneumoniae *

ACPE # 068-999-05-039-L01 Trish Orlando, Pharm.D.

9:15 – 10:15a Antifungal formulary

2006: Consensus and Controversy

ACPE # 027-999-05-040-L01 Russ Lewis, Pharm.D.

*This continuing education program is funded by an unrestricted educational grant provided by Sanofi-Aventis

10:15 -11:00a Coffee Break & Exhibits

Salon A

11:00 -12:00p Inhaled Insulin: an

Innovation in the

Management of Diabetes

Tom Algozzine, Pharm.D., BCPS

12:00 - 1:00p Lunch & Exhibits

Salon A

AFTERNOON SESSION

Salon BC

1:00 – 2:00p My Medication Safety

Toybox: Building Blocks

for the BasicsDeb Saine, MS, RPh

2:00 – 3:00p Pediatric Immunization

Schedule: 2006 Update

Jeff Low, Pharm.D.

3:00p Program evaluation &

CE certificates awarded

To register:

- 1. Copy & complete registration
- Enclose check or money order payable to NHSHP
- Mail to: NHSHP c/o Jane Rippe, RPh 54 Hawley Drive Enfield, NH 03748

Attendance is limited to 200 people. Registrants who cancel prior to the program date are subject to a \$10 administration fee. No refunds will be issued to registrants who do not attend.

Registration

| Advance Registration Members | \$40.00 |
|-------------------------------------|---------|
| Advance Registration Non Members | \$60.00 |
| On-site Registration | \$70.00 |
| Total enclosed | |

For advance registration pricing, form and check must be received by <u>October 2, 2006</u>

Please print your name clearly, as you would like it to appear on the CE Certificate

| Name: | | | |
|---|------|--|--|
| Street: | | | |
| City: | | | |
| State: | ZIP: | | |
| Affiliation (Hospital, Company, School, etc): | | | |
| Current Position: | | | |